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## BIB DATA SHEET

CONFIRMATION NO. 8303

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/542,177	11/15/2006	604	3761	55503/DBP/S307		
<b>RULE</b>						
<b>APPLICANTS</b> Owen James May, Kent, UNITED KINGDOM; Rory James Maxwell Smith, North Yorkshire, UNITED KINGDOM;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/00180 01/16/2004						
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0300992.5 01/16/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/22/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /GINGER T Acknowledged CHAPMAN/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> CHRISTIE, PARKER & HALE, LLP PO BOX 7068 PASADENA, CA 91109-7068 UNITED STATES						
<b>TITLE</b> Support for an ostomy bag						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		